Assessment of Field Readiness for the California
Outcomes Measurement System (CalOMS) (Treatment Only) Questionnaire

For general instructions for completion of this survey, please refer to the instructions titled "Assessment of Field Readiness for the California Outcomes Measurement System Questionnaire – Instructions".

County/Interviewee Information

	Name	**Title**	**Phone Number**
County:[1]	«PROV_CNTY_DESC»	n/a	n/a
County number:[2]	«PROV_CNTY_CODE»		
Lead Interviewee:			
IT support interviewee:			
Other County contact:			
Other County contact:			

County size:[3]	«SIZE»

Overall CalOMS Concerns

1. Our county understands the data and operational requirements to implement CalOMS, as described by ADP as follows. Select one.

☐	No knowledge of CalOMS requirements
☐	Little knowledge of CalOMS requirements
☐	Moderate knowledge of CalOMS requirements
☐	Strong knowledge of CalOMS requirements

2. Our providers understand the data and operational requirements to implement CalOMS as follows. Select one.

☐	No knowledge of CalOMS
☐	Little knowledge of CalOMS
☐	Medium knowledge of CalOMS
☐	Strong knowledge of CalOMS
☐	Do not know

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[1] From CADDS
[2] From CADDS
[3] From SACPA

3. Rank your five greatest concerns about implementing CalOMS, from 1 to 5. Rank your highest concern as a 1 lowest as a 5. No ties please.

Rank	Category
	Staff qualifications and training needs
	Use of ASI-Lite CF
	Automated data submission requirements
	Amount of data to be collected
	Overall cost of implementation
	Ongoing cost of administration/operation
	Impact on client treatment
	Locating client for follow-up assessment
	Conducting follow-up assessment
	Timeline of implementation
	Client consent for follow-up
	Client data confidentiality issues
	Follow-up sampling procedures
	Provider site abilities
	Other:

Comments:

4. Rank the county perceived benefits of CalOMS, from 1 to 5. Rank your highest anticipated benefit as a 1 lowest as 5. No ties please.

Rank	Category
	CalOMS will provide valuable outcomes data.
	CalOMS will provide my county leverage to broaden our use of ASI-Lite CF for outcomes measurement.
	CalOMS will provide my county leverage to broaden our use of ASI-Lite CF for client assessment and treatment planning.
	CalOMS will provide my county leverage to increase our automated data collection.
	CalOMS will provide state and county comparison data.
	CalOMS will help my county demonstrate effective use of treatment resources for grants and other future funding.
	CalOMS will provide my county leverage to conduct follow-up assessments on clients for service planning.
	CalOMS will provide data to improve services.
	Other:
☐	None
☐	Do not know

5. Rate the perceived overall long-term benefits to AOD treatment that CalOMS will provide. Select one.

Benefit level	
☐	The benefits of CalOMS significantly outweigh the anticipated work effort.
☐	The benefits of CalOMS slightly outweigh the anticipated work effort.
☐	The benefits of CalOMS are even with the anticipated work effort.
☐	The benefits of CalOMS are slightly less than the anticipated work effort.
☐	The benefits of CalOMS are significantly less than the anticipated work effort.

6. How much change to your county business processes do you foresee that you will need to make as a result of CalOMS? Select one.

Business process changes	
☐	No business process changes are needed
☐	Minimal business process changes are needed (0 – 5%)
☐	Some business process changes are needed (6 – 10%)
☐	Significant business process changes are needed (11-30%)
☐	Fundamental business process changes are needed (over 31%)

7. How much change to your *contracted provider's* business processes do you foresee that they will need to make as a result of CalOMS? Select one.

Business process changes	
☐	No business process changes are needed
☐	Minimal business process changes are needed (0 – 5%)
☐	Some business process changes are needed (6 – 10%)
☐	Significant business process changes are needed (11-30%)
☐	Fundamental business process changes are needed (over 31%)
☐	Do not know

8. In order to implement CalOMS what do you project is the cost to your county in full-time staff equivalents (total in first year)? In monetary amount (total first year)?

Full-time staff positions	
Monetary amount	$

Do not know	☐

9. In order to implement CalOMS what do you project is the cost to your *providers* in full-time staff equivalents (total in first year per provider)? In monetary amount (total first year per provider)?

Full-time staff positions	
Monetary amount	$

Do not know	☐

10. Rate your county's and contracted provider's current level of readiness for CalOMS. Select one.

Readiness Level	
☐	My county and contracted providers are ready – minimal effort is needed
☐	My county and contracted providers are somewhat ready – some effort is needed
☐	My county and contracted providers are not ready – significant effort is needed

11. Do you anticipate that your county will be ready for the October 2004 implementation date? Select one.

Ready by October 2004	
☐	Definitely will be ready
☐	Likely will be ready
☐	May be ready
☐	Unlikely will be ready
☐	Definitely will not be ready

12. Do you anticipate that your providers will be ready for the October 2004 implementation date? Select one.

Ready by October 2004	
☐	Definitely will be ready
☐	Likely will be ready
☐	May be ready
☐	Unlikely will be ready
☐	Definitely will not be ready
☐	Do not know

13. If you do not anticipate complete readiness by October 2004, please specify a feasible alternate implementation date for your county, including providers.

Projected Implementation date (mm/dd/yyyy)	

14. What is your county and provider group's biggest barrier to achieving readiness:

Barrier to Readiness:

15. With which organizations does your county have previous outcomes studies experience? Check all that apply. If *Other*, please describe. If so, in what year?

	Year	Previous experience with outcomes studies
☐		No previous experience
☐		UCLA
☐		UCSD
☐		UC Davis
☐		CSU Bakersfield
☐		RAND Corporation
☐		SAMSHA
☐		Other:

16. If you have additional overall concerns about CalOMS, please describe them here.

Additional Comments:

Current information

17. The following lists treatment information ADP has about your county.[4] Please verify and correct this information, as necessary.

Category	ADP information	Corrected information
Annual admissions (for FY 01/02)[5]	«TOTAL_ANNUAL_ADMISSIONS»	
Number of providers	«NO_NON_DIRECT_PROVIDERS»	
Average number of units (hours, visit day, bed day, slot day) per provider (for FY 00/01)	«AVG_SERVICE_UNITS»	
Number of suspense errors as a % of submissions on CADDS (for FY 02/03)[6]	«PCT_SUSPENSE_ERRORS»	%
% of CADDS admissions that go directly from providers to ADP for FY 01/02	«PCT_ADMISSIONS_FROM_DIRECT_PROVIDERS»	%

Turnaround time for error corrections (in months) for FY 01/02:	

18. The following lists service type information ADP has about your county.[4] Please verify and correct this information, as necessary.

Service Type	This service type is provided by county or by contract		If provided, approximate number of admissions for FY 01/02 (by service type)[5]	
	ADP	*Corrected*	*ADP*	*Corrected*
Non-residential/outpatient				
Treatment/recovery	«OP_TX_RECOVERY_FLAG»		«OP_TX_RECOVERY»	
Day program-intensive	«OP_DAY_PR		«OP_DAY_PROG	

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[4] From CADDS and cost reports

[5] Counts may include admissions from direct providers. The current list of direct providers was applied to all fiscal year data.

[6] Counts include transactions for direct providers. Direct providers are not uniquely identified for suspense reporting.

	OGRAM _FLAG»		RAM»
Detoxification	«OP_D ETOX_F LAG»		«OP_DE TOX»
Residential			
Detoxification (hospital)	«RES_D ETOX_ HOSPIT AL_FLA G»		«RES_D ETOX_H OSPITAL »
Detoxification (non-hospital)	«RES_D ETOX_ NON_H OSPITA L_FLAG »		«RES_D ETOX_N ON_HOS PITAL»
Treatment/recovery (30 days or less)	«RES_T X_REC OVERY _SHOR T_FLAG »		«RES_T X_RECO VERY_S HORT»
Treatment/recovery (31 days or more)	«RES_T X_REC OVERY _LONG _FLAG»		«RES_T X_RECO VERY_L ONG»
Methadone detoxification/maintenance			
Methadone detoxification - Methadone and/or LAAM	«METH _DETO X_FLAG »		«METH_ DETOX»
Methadone maintenance - Methadone and/or LAAM	«METH _MAINT _FLAG»		«METH_ MAINT»

Administrative / County Contracts with providers

19. Are there providers in your county (other than direct providers) who do not report CADDS through the county, but report directly to ADP?

☐	Yes
☐	No

20. How many of your providers are:

	Number		Percentage of Admissions	
	ADP	Corrected	ADP	Corrected

Contracted providers:[7]	«CONTRACTED_PROVIDERS»		«PCT_ADMISSIONS_CONTRACTED_PROVIDERS»	
County-operated providers:[4]	«COUNTY_OPERATED_PROVIDERS»		«PCT_ADMISSIONS_COUNTY_OPERATED_PROVIDERS»	

If all of your services are delivered by county operated providers, skip questions 21 through 25.

21. What types of changes will you need to make to contracts with providers to accommodate CalOMS requirements? Mark all that apply.

Type of contract changes	
☐	Client confidentiality
☐	Client locator
☐	Client follow-up
☐	Informed consent
☐	Data collection at admission/discharge
☐	Data submission timeframes
☐	Data submission methods
☐	Staff classification and qualifications
☐	Number of services provided to clients
☐	Types of services provided to clients
☐	Types of funding
☐	Number of units
☐	Data error thresholds
☐	Timelines for data entry
☐	Other:

Comments:

22. On average how long will the process take to implement these anticipated contract changes (span time in months)?

Span time in months:	

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[7] From CADDS

23. What types of changes will you need to make to your payment structure to accommodate CalOMS data collection?

Payment structure changes:	
☐	Changes to the number of clients
☐	Changes to the number of minutes per service
☐	Changes to services
☐	Changes to rates
☐	Changes to staff classification
☐	None

Comments:

24. Do you anticipate changing your contract amounts with various providers as a result of CalOMS? Select one.

☐	Yes
☐	No
☐	Maybe

25. Do you see any impact of CalOMS data collection requirements on DMC claims?

☐	Yes
☐	No

If yes please explain:

26. As a result of CalOMS, do you anticipate changes to the number of clients you will serve by service type? Mark one.

☐	Yes
☐	No

27. If Yes, please indicate changes anticipated by service type.

Service Type	Change anticipated? (Yes/No)	Plus or minus	Anticipated percentage
Non-residential/outpatient			
Treatment/recovery			%
Day program-intensive			%
Detoxification			%
Residential			
Detoxification (hospital)			%
Detoxification (non-hospital)			%
Treatment/recovery (30 days or less)			%
Treatment/recovery (31 days or more)			%
Methadone detoxification/maintenance			
Methadone detoxification – Methadone and/or LAAM			%
Methadone maintenance – Methadone and/or LAAM			%

28. What magnitude of issues do you anticipate in establishing CalOMS in your county with the Board of Supervisors or your County Administrative Office? Mark one.

Funding	
☐	No issues
☐	Some issues
☐	Major issues

Privacy	
☐	No issues
☐	Some issues
☐	Major issues

Number of Clients Served	
☐	No issues
☐	Some issues
☐	Major issues

Timeframe	
☐	No issues
☐	Some issues
☐	Major issues

Administrative Time	
☐	No issues
☐	Some issues
☐	Major issues

Staffing Issues	
☐	No issues
☐	Some issues
☐	Major issues

Closure of Program	
☐	No issues
☐	Some issues
☐	Major issues

29. Will your Board of Supervisors need to approve your plan before beginning implementation of CalOMS?

☐	Yes
☐	No

30. How much lead time (in months) do you anticipate needing to work with the Board of Supervisors or your County Administrative Office to begin to implement CalOMS?

Span of time (of months):	

Additional Comments:

31. What do you need from ADP to address the Board of Supervisors or your County Administrative Office about CalOMS? Select all that apply.

Need from ADP	
☐	Emergency requirements regulations
☐	State contract change
☐	Opportunity to revise budget for SAPT monies
☐	New service codes for CalOMS activities
☐	Other:

32. Since SAPT funds can be used to aid in implementation, will CalOMS requirements change how you planned to use 2003/2004 SAPT funds?

☐	Yes
☐	No

33. Are your SAPT funds sufficient to cover your expenses of initial implementation?

☐	Yes
☐	No

34. If SAPT funds are not sufficient to cover your expenses, what other revenue sources can you utilize? Select all that apply.

Other Revenue sources:	
☐	None
☐	Grants
☐	County Funds
☐	Endowments
☐	Other:

Error correction

35. What is your process for correcting CADDS records? Select all that apply.

Error correction:	
☐	County Administrator fixes
☐	Delegate correction to provider
☐	Work with ADP to correct
☐	Send in hard copy correction
☐	Send in electronic correction
☐	Other:

Admission/Intake

36. For what percentage of clients does your county or your provider group currently collect full Social Security Number (SSN) at admission or intake? Select one.

Percentage of clients that are required to report SSN	
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89%
☐	Over 90%

37. Of those clients that you do attempt to collect the SSN, what percentage of clients refuse to provide? Select one.

Percentage of clients that do not provide SSN	
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%
☐	Do not know

38. What reasons do clients most commonly give for refusal? Rank top 3.

Rank	Why clients do not provide SSN
	Client has privacy concerns
	Client does not know SSN
	Client does not have a SSN
	Client refuses, no reason given
	Other:
☐	Do not know

39. If not currently collected, do you anticipate barriers to collecting the SSN? Select one.

Barriers to collecting SSN	
☐	Do not expect barriers collecting SSN
☐	Expect some barriers collecting SSN
☐	Expect many barriers collecting SSN
☐	Will not be able to collect SSN

What types of barriers do you expect:

40. Do you currently collect the following data items at admission or intake?
Indicate yes or no for each data item.

Yes/No	Data item
	Client's Birth Name
	Mother's First Name
	Client's Address

41. In addition to the current CADDS data elements, do you collect any of the following data at admission or intake? Select all that apply.

Mark if Yes	Question type
☐	ASAM
☐	ASI-Lite CF
☐	Other ASI version
☐	Other:

Addiction Severity Index (ASI)

42. For what percentage of your clients does your county require the use of the ASI (any version) during the course of treatment? Select one.

Percent of Required use of ASI	
☐	None
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%

43. If you use the ASI (any version), do you calculate composite scores? Select one.

☐	Yes
☐	No

44. If you use the ASI (any version), do you calculate clinical factors? Select one.

☐	Yes
☐	No

45. If you do not use the ASI (any version) for all clients, what are the reasons? Select all that apply.

ASI usage	
☐	Not all of my county's providers use the ASI
☐	We use the ASI on a sample of our clients
☐	Not mandated
☐	Used only for specific funding sources
☐	Used only for specific client types
☐	Not applicable
☐	Other:

46. If you use the ASI (any version), what percentage of the assessments are automated and what percentage are hard-copy?

	Percentage
Hard copy only	%
Automated (entered and calculated in an automated system)	%

47. If you use the ASI (any version), what types of barriers do you experience in administering it?

Comments:

48. What are the benefits of using the ASI (any version)?

Comments:

49. What strategies or methods do you use or would you use to make it easier to implement and/or use the ASI (any version)? Select all that apply.

Easier to implement use of the ASI	
☐	Financial incentives
☐	Staff recognition
☐	Automation of ASI
☐	Training
☐	Not applicable
☐	Other:

50. If you don't use the ASI (any version), when do you plan to start to use it?

Projected ASI Implementation date: (mm/dd/yyyy)	

51. How long do you think it will take your county and contracted providers to implement the use of the ASI Lite CF (in months)?

Span of time in months:	

Centralized Intake and Locator Information

52. For what percentage of your clients do you use centralized intake: Select one.

Percentage of clients using centralized intake	
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%

53. For what percentage of clients do you conduct the ASI at Central Intake: Select one.

Percentage of clients receiving ASI at intake	
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%

54. What percentage of your county's clients move between treatment services/sites within one service delivery experience? Select one.

Percentage of treatment moves	
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%

55. For what percentage of clients does your county or providers collect information that will allow you to locate a client after they leave treatment? Select one.

Percentage of clients for which we are currently collecting locator information	
☐	None
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%

56. If so, what do you collect? Select all that apply.

Data item	
☐	Client address
☐	Client date of birth
☐	Client telephone
☐	Drivers License Number (DLN)
☐	Social Security Number (SSN)
☐	Backup contact name
☐	Backup contact telephone
☐	Backup contract address
☐	Other:

57. If you currently collect locator information, when do you collect it?
Select all that apply.

When collected	
☐	Intake
☐	Admission
☐	During treatment
☐	Discharge
☐	Other:

58. If you do not currently collect locator information, when do you plan to implement collecting client locator data?

Projected locator collection date: (mm/dd/yyyy)	

Client Case Management

59. What is your county's process for conducting client case management? Select all that apply.

	Client Case Management methods
☐	Paper files
☐	Custom automated solution
☐	Standard (packaged) automated solution
☐	Other:

60. What is your providers' process for conducting client case management? Select all that apply.

	Client Case Management methods
☐	Paper files
☐	Custom automated solution
☐	Standard (packaged) automated solution
☐	Other:
☐	Do not know

61. Do you coordinate client case management across different service delivery systems (e.g. mental health, social services, employment, etc.) in your county?

☐	Yes
☐	No

62. If yes, how do you coordinate client case management across different disciplines in your county? Select all that apply.

	Client Case Management methods
☐	Paper files
☐	Custom automated solution
☐	Standard (packaged) automated solution
☐	Staff assignment to integrate care
☐	Other:

63. Has your county changed your case management approach due to SACPA?

☐	Yes
☐	No

Continuum of Care

64. What percentage of clients do you currently track from provider site to provider site within your county? Select one.

	Percentage of clients are currently tracked between sites
☐	None
☐	Under 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89
☐	Over 90%

65. If so, how do you do this?   Mark all that apply. If "Other", please describe.

	Method to track clients from site to site	
☐	Social Security Number (SSN)	
☐	County assigned unique identifier	
☐	Paper files	
☐	Staff follow-up	
☐	Other:	

Discharge

66. How do you currently define discharge?

	Discharge definition	
☐	Using CADDS definition	
☐	Final service same provider	
☐	Funding source specific	
☐	Definition provided by other or licensing requirements	
☐	Do not know	
☐	Other:	

Length of Stay

67. What percentage of your clients are in treatment after 6 months? Please correct the information supplied by ADP.

	ADP	Corrected
% of clients in treatment after 6 months:[8]	«PCT_ CLIENT S_6MO NTH_F OLLO WUP»	

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[8] From CADDS

Follow-up

68. What percentage of your admissions does your county or provider group attempt to do follow-up contacts? Select one.

	Follow-up contact percentage
☐	None
☐	Less than 10%
☐	11% – 50%
☐	51% – 90%
☐	Over 91%
☐	Do not know

69. If applicable, when do you conduct the follow-up contact? Select all that apply.

	When follow-up is conducted	
☐	3 month post admission	
☐	6 month post admission	
☐	9 month post admission	
☐	12 month post admission	
☐	Do not know	
☐	Other:	

70. If applicable, what percentage of your follow-up contacts are successful? (Successful = contacted client) Select one.

	Follow-up contact percentage
☐	Less than 10%
☐	11% – 50%
☐	51% – 90%
☐	Over 91%
☐	Do not know

71. If applicable, do you offer follow–up incentives to your clients? Select one.

☐	Yes
☐	No

72. If applicable, what type of follow–up contact do you complete? Select all that apply.

	Follow-up contact type	
☐	Telephone	
☐	Letter	
☐	In person	
☐	Other:	

73. If applicable, who performs the follow-up work? Select all that apply. If other, please indicate method.

Follow-up work method	
☐	Performed by county
☐	Performed by providers
☐	Contracted to external entity
☐	Other:

74. If applicable, how long does the average follow-up process (i.e. from initial contact to attempt for follow-up to completing the follow-up assessment) take if the client is currently in treatment (span time in days)?

Span time (days):	

75. If applicable, on average, how much staff time does it take to conduct a follow-up interview, if the client is currently in treatment (staff time in minutes)?

Staff time (minutes):	

76. If applicable, how long does the average follow-up process take if the client is not in treatment (span time in days)?

Span time (days):	

77. If applicable, on average, how much staff time does it take to conduct a follow-up interview, if the client is not in treatment (staff time in minutes)?

Staff time (minutes):	

78. If applicable, what kind of instrument do you use for follow-up? Select all that apply.

Question type	
☐	CADDS discharge
☐	ASI-Lite CF
☐	ASI-Lite CF subset
☐	Other ASI version
☐	Core Outcomes questions
☐	Client satisfaction questions
☐	Other:

79. If applicable, what types of barriers do you experience in conducting follow-ups?

Comments:

80. What are the benefits of conducting follow-ups?

Comments:

81. What methods or strategies do you currently perform or think will help with get more participation in the follow-up process in your county? Select all that apply.

Implement use of the follow-up process	
☐	Financial incentives for clients
☐	Staff recognition
☐	Reunions, parties or other gatherings for clients
☐	Ongoing contact with clients
☐	Training
☐	Other:

82. How long do you estimate it will take you to locate your typical client and conduct a nine month follow-up interview as required by CalOMS?

Span time (days):	
Staff time (minutes):	

83. CalOMS requires you to attempt nine-month follow-up interviews on a 10% sample of clients (assuming the minimum client population threshold for sampling is met). Do you plan to attempt nine-month follow-up interviews on more than 10%? Select one.

How many more clients will you follow-up on?	
☐	No follow-up
☐	Yes, less than 10% more
☐	Yes, 11% – 50% more
☐	Yes, 51% – 90% more
☐	Yes, Over 91% more

84. Are you interested in participating in a county consortium for nine month follow-up interview sampling? (Small counties only).

☐	Yes
☐	No

Automated Systems

85. What percentage of CADDS admission records do you send to ADP in an automated format? *(County respondents: do not include your direct providers in your county.)* Please verify percentage shown.[9]

Percentage of CADDS transactions that are automated

ADP Information
«PCT_ADMISSIONS_AUTOMATED»%

Corrected Information	
☐	No automation
☐	1 - 10%
☐	11-30%
☐	31-50%
☐	51-70%
☐	71-89%
☐	90-99%
☐	100% automated

86. What systems do you use to collect and process client data?[10] Please correct if necessary. How many providers use each system? Please provide number.

	ADP Data	Corrected Data	
System	*Use?*	*Use?*	*Number of Providers Using*
No automated system (hard-copy)	«SYSTEM_NONE»	☐	
In-house county system	«SYSTEM_IN_HOUSE_COUNTY»	☐	
CADDS Access	«SYSTEM_CADDS_ACCESS»	☐	
CalTOP	«SYSTEM_CALTOP»	☐	
Insyst ECHO system	«SYSTEM_ECHO»	☐	
AccuCare	«SYSTEM_ACCUCARE»	☐	

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[9] From CADDS. Estimate based on number of hardcopy admissions submitted during fiscal year '01-'02.
[10] From CADDS

DeltaMetrics	«SYSTEM_DELTA_METRICS»	☐	
SRIS	«SYSTEM_SRIS»	☐	
DMC Billing	«SYSTEM_DMC_BILLING»	☐	
CMHC	«SYSTEM_CMHC»	☐	
Other third-party system	«SYSTEM_OTPS»	☐	
SAM	«SYSTEM_SAM»	☐	
CSM	«SYSTEM_CSM»	☐	
CBS	«SYSTEM_CBS_COALITION»	☐	

87. If other third-party system is used to collect and process CADDS data, please name vendor and system.

Vendor:	
System Name:	

88. How many full-time county Information Technology staff members do you currently employ?

Number of IT staff:	

89. How many systems do you expect to use for collecting and reporting data to ADP for CalOMS?

Number of systems:	

90. How much elapsed time do you estimate that it will take to modify these systems to meet CalOMS data collection requirements (in months)?

Elapsed time in months:	

91. How many resources and how much of a financial investment do you anticipate it will require for you to analyze, design, develop and implement these system changes?

Full-time staff equivalents	
Monetary amount	$

92. If you use outside vendors, how long will it take you to acquire resources to develop or modify automated tools (contract process)?

Elapsed time in months:	

93. How many log identifications (users) will your county require for CalOMS (to send and receive data and reports)?

Estimated Number of CalOMS logins:	

94. Do you currently use the Department of Mental Health's Information Technology Web Services (ITWS) for Department of Mental Health or CADDS data submission or ADP's DMC billing downloads? Mark one.

☐	Yes
☐	No

95. If you currently use the Department of Mental Health's Information Technology Web Services (ITWS), how many users do you have?

Actual number of ITWS users:	

96. Are you interested in participating in a county consortium for development of an automated system (for any size county)?

☐	Yes
☐	No

Communication

97.   What types of *regular* communication does your county have with your providers? Select all that apply.

	Communication method	Frequency (monthly, weekly, quarterly, other)
☐	Face to face meetings	
☐	Telephone calls	
☐	Conference calls	
☐	Email correspondence	
☐	Newsletters	
☐	Website information	
☐	Association conferences	
☐	Other:	

98.   Are you satisfied with the level of communication you currently have with your providers? Select one.

	Communication satisfaction
☐	Not satisfied
☐	Minimally satisfied
☐	Mostly satisfied
☐	Completely satisfied

99.   To enable us to coordinate future meetings, what types of *regular* communication does you county have with ADP? Select all that apply.

	Communication method	Frequency (monthly, weekly, quarterly, other)
☐	Face to face meetings	
☐	Telephone calls	
☐	Conference calls	
☐	Email correspondence	
☐	Website information	
☐	Training sessions	
☐	Association conferences (such as CADPAAC)	
☐	Other:	

100.   Are you satisfied with the level of communication you currently have with ADP? Select one.

	Communication satisfaction
☐	Not satisfied
☐	Minimally satisfied
☐	Mostly satisfied
☐	Completely satisfied

Training Issues

101. How many total county staff do you anticipate will need to be trained on CalOMS/ITWS?

Estimated Number of CalOMS/ITWS users to train:	

102. How many county or provider staff will you need to train on using the ASI-Lite CF?

Estimated Number of users for initial ASI-Lite CF training:	
Estimated Number of users for an ASI-Lite CF refresher course	

103. How do you plan to train your staff on ASI-Lite CF process?
Select all that apply.

Training method	
☐	On the job training
☐	Group meetings
☐	Video training
☐	Electronically administered training (via CD or other media)
☐	In house training (internal staff member will train remaining staff)
☐	Outsourced training
☐	Other:

Training comments:

104. How many county or provider staff will you need to train on using the locator form?

Estimated Number of users for initial locator form training:	
Estimated Number of users for a locator form refresher course	
Do not know	☐

105. How do you plan to train your staff on the locator form?
Select all that apply.

Training method	
☐	On the job training
☐	Group meetings
☐	Video training
☐	Electronically administered training (via CD or other media)
☐	In house training (internal staff member will train remaining staff)
☐	Outsourced training
☐	Other:

Training comments:

106. How many county or provider staff will you need to train on using the follow-up process?

Estimated Number of users for training who have never done follow-up:	
Estimated Number of users for training who have done follow-up:	
Do not know	☐

107. How do you plan to train your staff on the follow-up process?
Select all that apply.

Training method	
☐	On the job training
☐	Group meetings
☐	Video training
☐	Electronically administered training (via CD or other media)
☐	In house training (internal staff member will train remaining staff)
☐	Outsourced training
☐	Do not know
☐	Other:

Training comments:

Toolkit

108.   What specific items would be helpful for ADP to provide in the field readiness assessment toolkit to be used by counties to help with CalOMS issues? Select all that your county would use.

Toolkit ideas	
☐	Provider readiness assessment survey for counties to use
☐	Informed-consent boilerplate language
☐	Boilerplate contract language for providers
☐	Training materials on ASI-Lite CF
☐	Training materials/standards in client locating and follow-up methods
☐	Information on software availability and licensing issues
☐	Information on establishing consortiums for software development
☐	Information on establishing consortiums for follow-up assessment
☐	Informative materials on CalOMS for providers
☐	Sample implementation plan
☐	HIPAA privacy and security information
☐	Other:

109.   Please provide other toolkit ideas:

Comments:

Survey feedback

110.   Would you like to receive comparative results on this survey for like size counties?

☐	Yes
☐	No

111.   How long did this survey take (in minutes)?

Span time (minutes):	

112.   How would you rate this survey? Select all that apply.

Survey comments	
☐	It was easy to complete.
☐	It was hard to complete.
☐	It took a reasonable amount of time.
☐	It took too long to complete.
☐	It prompted my county to think about CalOMS.
☐	My county is not sure of the purpose of some of the questions.

Comments